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Tiffany C. Miller
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MAIL STOP PATENT APPLICATION
Commissioner for Patents
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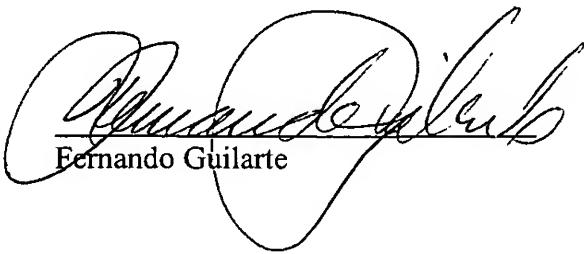
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : MYOWN.001A
Applicant(s) : Ahmed F. Ghouri
For : SYSTEM AND METHOD FOR DYNAMIC
ADJUSTMENT OF COPAYMENT FOR
MEDICATION THERAPY
Agent : Tiffany Miller
“Express Mail”
Mailing Label No. : EV 323 831 866 US
Date of Deposit : October 7, 2003

I hereby certify that the accompanying

Transmittal letter; specification in 20 pages; 2 sheets of drawings; \$892 check for
Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service “Express Mail Post Office to
Addressee” service under 37 CFR 1.10 on the date indicated above and are addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Fernando Guilarte

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UTILITY APPLICATION	<p>Attorney Docket No.: MYOWN.001A First Named Inventor: Ahmed F. Ghouri Title: SYSTEM AND METHOD FOR DYNAMIC ADJUSTMENT OF COPAYMENT FOR MEDICATION THERAPY</p> <p>Express Mail Label No.: EV 323 831 866 US</p>
Direct all correspondence to Customer No.: 20995 Date: October 7, 2003 Page 1 of 2	

Mail Stop Patent Application
 United States Patent and Trademark Office
 PO Box 1450
 Alexandria, VA 22313-1450

The following enclosures are transmitted herewith to be filed in the patent application of:

Inventor:

Ahmed F. Ghouri
 5098 Sea Mist Court
 San Diego, CA 92121
 Citizenship: United States

APPLICATION ELEMENTS:

- (X) Specification in 20 pages.
- (X) Drawings in 2 sheets.

CONTINUITY INFORMATION:

Application	Relationship	Parent App. No.	Filing Date	Status
This Application	Non-provisional of	60/488,360	7/17/03	Pending

- (X) Incorporation by Reference. The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Return prepaid postcard.

UTILITY APPLICATION	Attorney Docket No.: MYOWN.001A First Named Inventor: Ahmed F. Ghouri Title: SYSTEM AND METHOD FOR DYNAMIC ADJUSTMENT OF COPAYMENT FOR MEDICATION THERAPY Express Mail Label No.: EV 323 831 866 US
Direct all correspondence to Customer No.: 20995 Date: October 7, 2003 Page 2 of 2	

FILING FEES:

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

FEE CALCULATION				
FEES TYPE		FEES CODE	CALCULATION	TOTAL
Basic Utility		2001 (\$385)		\$385
Excess Claims > 20	48 - 20 = 28	2202 (\$9)	28 x 9 =	\$252
Independent > 3	8 - 3 = 5	2201 (\$43)	5 x 43 =	\$215
			TOTAL FEE DUE	\$852

(X) A check in the amount of \$852 to cover the Total Fee Due is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.


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